Why Do I Really Want to Be a Nurse?

People start to develop career goals at an early age, which often change. I came into college with the ultimate dream of going to medical school to be physician. After my first semester of college and further thought about what I really want in life, I am currently hoping to go to nursing school and become a neonatal nurse. I will be discussing the possible and probable sociological factors that have shaped my career goal of becoming a nurse that I have encountered throughout my life and the potential consequences of that choice.

A major sociological factor that has changed my goal of being a physician to a nurse is the values and norms that are placed on our culture. The American norm is to highly value success and work, but to value family over all else. Nursing is the perfect balance of having a successful and independent career with more time freedom than comes with being a physician. Some of the core values in America that I could possibly be giving up with a highly demanding career are freedom, romantic love and efficiency and practicality. What I value most in life is to be happy and have a family of my own with children. At some point there are value contradictions, such as having the achievement and success of being a physician and staying in school and prioritizing work while also having the family values that are driven into our culture. My religion was a factor that guided me through making my priorities by emphasizing the important thing in life is love and to live each day to the fullest, which is mostly embodied in nursing where it is easier and more traditional to be a mom and wife as well.

Another main factor for why I want to be a neonatal nurse is gender socialization. Gender socialization has occurred through my whole life, mostly through the agents of
religion, family, school and peer groups. The gender expectation of girls is to be caring, motherly and more submissive while it is the boy’s role to be successful and provide for the family. Neonatal nurses work with babies and have to be very gentle and nurturing which is sociologically reflective of women. Growing up in a family where my dad is the main source of income in the house and my mom was a stay at home mom for my childhood, I have experienced that the woman’s job to take care of the family mentally and father’s job economically. My family structure is common of that in our society and these stereotypical gender roles is partially resulted from gender socialization. I went through resocialization when I reached transitional adulthood and learned new values from being a part of a more traditional southern school and the Clemson family who values family.

If I value family so much, some might as why I do not just want to drop out of school and be a stay at home mom. A main sociological factor for why I want to be inferentially successful and go to graduate school as well as have a family is partially due to the self-fulfilling prophecy that has been told to me since I was little. My parents, teachers and friends have always told me that I am smart and will have a successful future because I tend to do above average in school. Because of this, I feel like it is my mission to make a career out of my like and actually be successful. I was most likely labeled by my teachers as a good student, which is why they pushed me so hard to do well in school. I do value education and career goals as a result of this and why I want to be a nurse.

Minor factors that I have not thought of as playing a factor in my decision to switch career goals, but have most likely played a role include the structural
functionalists’ view of how society should work together. Throughout history, women have been the caretakers and men have been the providers and this structure has worked for America and happy families have resulted from it. Now that women are becoming more independent and successful in the workforce, divorce rates have risen and the conflict theorists attribute this to the more equality in social roles that men and women now play. My religion does not value divorce and it is not something that I want. The sociological pressure to be a traditional wife without a demanding career to avoid divorce could have been a factor in my decision.

Another minor factor that could have played a role is the social networks that I have to nurses. Many family members of mine are nurses and I live in an area surrounded by hospitals and nurses and as a result know many of them. Family friends who are nurses have already offered me opportunities to shadow nurses and would allow for easier job opportunities out of school than physicians by having these connections. Having this large social network of nurses has given nursing more of a career safety net than being a physician without these connections would and that could have attributed to my career of being a nurse.

The last minor factor that could have played a sociological factor in my goal of being a nurse is the childrearing stage in the family life cycle. Women tend to have marital satisfaction by having children with their spouses and by taking care of them and helping them grow up. A nursing career would allow for me to better do this because I would have the time to nurture my family while also nurturing those who I would be taking care of while being a nurse. A neonatal nurse works with infants to nurse them to health, which is also reflective of the functional prospective of what a woman should do
to care for the ill because women are seen as gentle. Being a woman who as been sociologically influenced to act gentle and caring, I could see myself caring for others in a career in nursing over cutting people open to surgically help them in a career of being a physician.

A sociological consequence of desiring a nursing career over a being a physician will be seen in gender tracking. Women tend to choose “womanly jobs” such as being a teacher or nurse where they are also able to care for their family over a time consuming job where they cannot. My career choice will reinforce the pay gap that women face because I will be making less money than a physician would by being a nurse.

Another sociological consequence of going on to graduate school instead of getting married and starting a family would be the increased amount of time of my transitional adulthood of finding myself until I settle down and actually feel like an adult. A new trend in society is for people to not consider themselves and adult until they are settled down and feel independent with their own job (Furstenberg et al. 2012). The mean age of when young adults now get married and have kids is older than before and continuing to grow (Klein, 2013). I am helping to contribute to this trend by choosing graduate school to get a stable career and income to feel like an adult instead of the more traditional way of getting married and having kids.

The last sociological consequence that I will be facing by not trying to have a highly successful and respectable career is going against the trend to want to experience intergenerational mobility and move up in social classes. The Horatio Alger myth is probably what is contributing the fact that I think that I can even be a physician and have the potential to move up in social class. Nonetheless, not trying to have a highly
successful career on my own is unlike the norm of America, which is to be as competitive and successful as possible so that a person can be rewarded in return as seen in the functionalist view. If society chose against the high intensity careers like me for a more relaxing lifestyle in the future, serious consequences could result in society and there would not be as many physicians, lawyers or large businessmen.

Looking at the sociological factors that could have influenced me to want to be a nurse makes me curious to see if these have played an influence on other women’s medical career paths. I am especially interested in the gender aspect of social influence since only 32% of the physicians in America are women, (“Distribution of Physicians By Gender”, 2015), and over 90% of nurses are women (“Data: Percentage of Men in Nursing Continues to Grow”, 2013). There is an increase in the number of women becoming physicians and increase number of men becoming nurses so it would be interesting to conduct a study on why men and women choose the medical field that they do and how society influences those decisions and to see how the trend changes over time.

There is a lot of raw data from the consensus about the proportion of men and women in each career field, but what is not available are the reasons why men and women are gender tracked into the careers that they are. I would construct a survey and give it to men and women at colleges and universities annually for 15 years to see the changes in society and differences in men and women’s medical career paths.

I would construct a list of all the colleges and universities in America to avoid bias by using cluster sampling, and then using random sampling, I would choose the clusters of universities and students who are interested in a medical career path in those
schools to give the survey to (Henslin, 2012). The subjects used in this research question being men and women at universities and colleges who are interested in the medical field. A survey would be the most efficient way to try to understand if gender influences the types of medical careers women strive for.

The survey will ask what career goals that the subject has and why they chose that career choice over the other by choosing from some possible answer choices to narrow down the answer choices. The results from the males and females will be compared to see if there is a significant difference in the number of males and seeking a less demanding and less economically substantial career, such as nursing, which has more flexible hours and less stress on everyday life compared to a doctor who has to be on call at some points. I would conduct this survey every year to see if there is a change in responses over time from men and women which would suggest a sociological change occurring in society.

Work Cited


